

# Consumer Council News

December 17, 2002

Volume 6 Issue 7

**MIRECC News**  
**VISN 4 MIRECC**  
has launched a start up program of Telephone Disease Management (TDM) for Depression and Problem Drinking. Most VA patients have at least two, and often many more psychiatric, medical, and substance use disorders. The telephone screening of primary care and medical specialty patients to identify depression, anxiety disorders and problem drinking has been successful as compared to usual care. Over 1,000 veterans have been screened.

## Freedom Commission Interim Report

The President's New Freedom Commission on Mental Health was established as part of the President's agenda to ensure that Americans with mental illness not fall through the cracks, that lives not be lost, and that recovery be a realistic goal of treatment. The interim report was released October 29, 2002 and stated "Our review for this interim report leads us to the united belief that American's mental health service delivery system is in shambles". The report states that the fragmented services system is one of several systemic barriers impeding the delivery of effective mental health care. The interim report describes other problems among them the failure to serve those with the most serious illnesses. The report

identifies several innovative and effective community-based models. The report found a 90 percent unemployment rate among adults with serious mental illness. It emphasized that with supported employment persons with mental illness could become less dependent on disability payments and move towards recovery.

The conclusion was that the system was not oriented toward the goal of recovery. It states we need to integrate programs that are fragmented across levels of government and among many agencies within every level. The need to



We Care About Our Veterans

translate research into practice was an area highlighted to improve the system.  
[www.mentalhealthcommission.gov](http://www.mentalhealthcommission.gov)

## MHICM Report

The 5th national report on the evaluation of the VA Mental Health Intensive Case Management programs reported on 3,189 veterans who received MHICM services during 2001 and 48 teams with 10 or more follow-up clients. Altogether 82% of MHICM veterans were seen weekly or more by team staff with the majority of their care (85%) in the community. On average, MHICM clients had 67 face-to-face contacts during 2001 and most clients (56%) were seen for more than one hour per week. About 14% of clients were discharged from the program during the year. MHICM veterans reduced psychiatric hospital use by 42 days (73%) in their first six months in the program. Every team reduced hospital use. Client outcome

analyses found statistically significant gains on measures of observed and self-reported symptom severity (-10%), housing independence (+14%), quality of life (+10%), and satisfaction with MHICM (+20%) and overall VA mental health services (+14%) at follow-up. Modeled on evidence-based, "best practice" programs in other systems, MHICM is a well defined intervention that has been successfully disseminated to VA medical centers around the country. At the end of the year 55 MHICM teams were in operation and many more were in development. Screening high risk patients for MHICM will be part of the Network Directors Performance Plan for FY 2003.

Newsletter sponsored by  
VA Mental Health Consumer  
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## Keys to Recovery from Schizophrenia

Dr. Liberman, Director of the UCLA Psychiatric Rehabilitation Program and Dr. Kopelowicz, medical director of the San Fernando Mental Health Center identified 10 key factors to recovery from schizophrenia. The factors detailed in the study that influenced recovery included (1) family relationships: family stress is a powerful predictor of relapse, while family education and emotional support decrease the rate of relapse, (2) substance abuse: the prevalence of lifetime substance abuse among schizophrenia patients is 47% well above the overall rate, (3) duration of untreated psychosis: longer duration of symptoms prior to treatment correlates directly with greater time to remission and a lesser degree of remission, (4) initial response to medication: improvement of symptoms within days of receiving antipsychotic drugs significantly predicts long-term results of treatment, (5) adherence to treatment: failure to take antipsychotic medication as prescribed hampers both short-term

and long-term recovery, (6) supportive therapy: positive relationships with psychiatrists, therapists and/or treatment teams engender hope and are essential to improvement, (7) cognitive abilities: neurocognitive factors such as working memory, sustained attention and efficient visual perception are strong predictors of recovery, (8) social skills: poor interpersonal skills relative to social expectations, correlate with the degree of disability caused by schizophrenia, (9) personal history: characteristic that affect treatment outcome that existed before the illness include education and IQ, age of onset, rapidity of onset, work history, and social skills, (10) Access to care: continuous, comprehensive, consumer-oriented and coordinated treatment is crucial to recovery.

This study shows by understanding the dynamics of recovery we can design more effective courses of treatment.

\*International Review of Psychiatry, November 2002

## QUERI Findings

The VA Mental Health Quality Enhancement Research Initiative (MHQ) employs a process that includes identifying high-risk diseases, identifies best practices, defines existing practice patterns and outcomes across VA, identifies and implements interventions to promote best practices, documents that best practices improves outcomes and documents that outcomes are associated with improved health-related quality of life and systems improvements. Findings of the MHQ include:

- Variation in antipsychotic prescribing across VA sites
- Gaps in implementing VHA guidelines for Depression and schizophrenia
- Diagnoses vary among primary care clinics for depressive disorders

There is a focus of translating research findings into clinical practice. A top priority has been to improve antipsychotic treatment by improving prescribing practices. A VISN 16 demonstration project to improve prescribing practices was a Service Directed Project that was approved in December 2000. This project reduced prevalence of very high doses of antipsychotic medication and found certain sub-populations to be at increased risk for high dosages. A MHQ Coordinating Center is reporting information about unusually high dose prescribing in monthly feedback reports and identifies patients at risk.

Translating research findings into clinical practice is still a challenge as there are competing clinical workforce demands, potential clinician and manager resistance, and information system limitations.

## Information and Resources

June 4-7, 2003  
NMHA 2003 Annual Conference  
"America's Mental Health Crisis:  
Finding Solutions Together"  
Washington, D.C.  
[www.nmha.org](http://www.nmha.org)  
703-684-7722

June 28th-July 1st, 2003  
NAMI Annual Convention  
"Partnerships for Recovery: Confronting the Mental  
Health Crisis in Our Communities"  
Minneapolis, MN  
[www.nami.org](http://www.nami.org)  
703-524-7600